


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

05-09-2006 90067 024 \*\*\*150.00

<b>DOCUMENT # P03000062995</b>	
1. Entity Name <b>COASTAL CHIMNEY CORPORATION</b>	

Principal Place of Business <b>6539 MARINA POINTE VILLAGE COURT, #204 TAMPA, FL 33635 US</b>	Mailing Address <b>6539 MARINA POINTE VILLAGE COURT, #204 TAMPA, FL 33635 US</b>
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2. Principal Place of Business <b>635 Michigan Blvd</b>	3. Mailing Address <b>635 Michigan Blvd</b>
Suite, Apt. #, etc. <b>#200</b>	Suite, Apt. #, etc. <b>#200</b>
City & State <b>Dunedin, FL</b>	City & State <b>Dunedin, FL</b>
Zip <b>34698</b>	Zip <b>34698</b>
Country <b>USA</b>	Country <b>USA</b>



04262006 Chg-P CR2E034 (11/05)

4. FEI Number <b>57-1176782</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>BYDILL, JAMES 6539 MARINA POINTE VILLAGE COURT APARTMENT 204 TAMPA, FL 33635</b>
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7. Name and Address of New Registered Agent Name <b>Rydill, James</b> Street Address (P.O. Box Number is Not Acceptable) <b>635 Michigan Blvd</b> <b>#200</b> City <b>Dunedin</b> FL Zip Code <b>34698</b>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RYDILL, JAMES 6539 MARINA POINTE VILLAGE COURT, APT. 204 TAMPA, FL 33635 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>635 Michigan Blvd, #200 Dunedin, FL 34698</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other information empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_